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| <b>EPA FORM R</b><br><b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b> | TRI Facility ID Number<br><br>Toxic Chemical, Category or Generic Name<br><br> |
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)**

|               |                                    | NA                       | A. Total Release (pounds/year) (enter range code* or estimate) | B. Basis of Estimate (enter code) |
|---------------|------------------------------------|--------------------------|--|-----------------------------------|
| <b>5.5</b>    | Disposal to land onsite            |                          |  |                                   |
| <b>5.5.1A</b> | RCRA Subtitle C landfills          | <input type="checkbox"/> |  |                                   |
| <b>5.5.1B</b> | Other landfills                    | <input type="checkbox"/> |  |                                   |
| <b>5.5.2</b>  | Land treatment/application farming | <input type="checkbox"/> |  |                                   |
| <b>5.5.3</b>  | Surface Impoundment                | <input type="checkbox"/> |  |                                   |
| <b>5.5.4</b>  | Other disposal                     | <input type="checkbox"/> |  |                                   |

**SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**
**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)**
**6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

|  |  |
|--|--|
| <b>6.1.A.1. Total Transfers</b> (pounds/year)<br>(enter range code* or estimate) | <b>6.1.A.2 Basis of Estimate</b><br>(enter code) |
|  |  |

|                    |           |       |  |        |  |     |  |
|--------------------|-----------|-------|--|--------|--|-----|--|
| <b>6.1.B. ____</b> | POTW Name |       |  |        |  |     |  |
| POTW Address       |           |       |  |        |  |     |  |
| City               |           | State |  | County |  | Zip |  |

|                    |           |       |  |        |  |     |  |
|--------------------|-----------|-------|--|--------|--|-----|--|
| <b>6.1.B. ____</b> | POTW Name |       |  |        |  |     |  |
| POTW Address       |           |       |  |        |  |     |  |
| City               |           | State |  | County |  | Zip |  |

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

|   |  |
|---|--|
| <b>6.2. ____</b> Off-Site EPA Identification Number (RCRA ID No.)   |  |
| Off-Site Location Name  |  |
| Off-Site Address  |  |
| City  |  |
| State   |  |
| County  |  |
| Zip   |  |
| Is location under control of reporting facility or parent company? <input style="width: 40px;" type="checkbox"/> Yes <input style="width: 40px;" type="checkbox"/> No |  |